



**Testimony**  
before the  
**House Committee**  
on  
**Regulatory Reform**

Regarding  
**---HB 4730---**

Tuesday, October 23, 2007

Steven J. Yencich, CAE  
President/CEO  
Michigan Hotel, Motel & Resort Association

Good morning Madam Chair, members of the committee. My name is Steve Yencich, and I represent the Michigan Hotel, Motel & Resort Association, (MHMRA). I'm here to respectfully testify against HB 4730.

The Michigan Hotel, Motel & Resort Association opposes this legislation for the following reasons:

- According to the U.S Fire Administration, carbon monoxide poisoning kills about 480 people each year and hospitalizes another 15,200. However, no breakdown on where these deaths occur is provided.
- Research published in the Journal of the American Medical Association found that of 136 carbon monoxide deaths found that 56 or just over 41% occurred with motor vehicle involvement. Of the 80 deaths or 58.82% that occurred in residential settings, four deaths or 5% took place in tents. Only 2 deaths or 2.5% occurred in hotels.
- At this early stage in our research, we are unable to find an instance of a carbon monoxide death in a lodging property ever having taken place in Michigan.
- Only 20% of states have enacted legislation similar to HB 4730, including: New York, Vermont, California, Massachusetts, Texas, Florida, Georgia, Indiana, New Jersey and Rhode Island.
- Hotel occupancy has finished 50<sup>th</sup> nationwide for the past two years, leaving many lodging property owners with insufficient cash flow to cover routine operational costs and necessary renovations. Many independent lodging properties are so cash-strapped that they are close to insolvency. A new state mandate would further weaken Michigan's lodging industry.
- Commercial grade carbon monoxide detectors are much more expensive than \$25 per unit, and there is significant cost to their installation. It seems reasonable to expect that if enacted, the law would not allow for the use of inexpensive battery-operated as dead batteries render the detector inoperable. Neither can we reasonably expect that plug-in units would be allowed as these can be dislodged from wall outlets, either accidentally, or as guests look to plug in laptops, cell phone chargers, and other electrical devices.

It is reasonable to assume that the rules promulgated should this bill become law would require the installation of hard wired, "system" carbon monoxide detectors. System detectors are connected to each other, so when one sounds an alarm, they all do.

Thus we believe the actual cost of purchase of such an alarm is estimated to range from \$35.81 to \$107.95 for a detector with a strobe light function to alert the hearing impaired. The median price for an average unit appears to be approximately \$55. Installation by licensed electricians would likely add a significant amount to this cost.

- Spread across Michigan's lodging industry's inventory of 81,000 rooms the cost of complying with this new State mandate is estimated at between \$4.5 million for purchase, to over \$12 million with installation of "system" carbon monoxide detectors in all guest rooms.

### **Conclusion**

MHMRA respectfully opposes HB 4730. The vast majority carbon monoxide deaths occur in places other than hotels, motels and resorts. In light of the challenges being presented tourism; now is decidedly not the time to impose a costly new state mandate.

Thank you for your consideration of this testimony. I would be happy to answer any questions you might have.



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## Study: Unintentional Non-Fire-Related Carbon Monoxide Exposures — United States, 2001–2003

### CDC Report Finds Carbon Monoxide Poisoning Highest During Cold Weather

Carbon monoxide (CO) exposures and poisonings occur more often during the fall and winter, when people are more likely to use gas furnaces, heaters and generators in their homes. This study finds that in years 2001–2003 approximately 480 U.S. residents died, each year from non-fire-related CO poisoning. In addition an estimated 15,200 persons with confirmed or possible non-fire-related CO exposure or poisoning were treated annually in U.S. hospital emergency departments.

The most CO exposures occur during the winter months with the highest numbers occurring during December with an annual average of 56 deaths and 2,157 non-fatal exposures and in January with an average of 69 deaths and 2,511 non-fatal exposures.

Although males and females were equally likely to visit emergency departments for CO exposure, males were 2.3 times more likely to die from CO exposure.

Males might be exposed to high CO levels during high risk activities such as working in enclosed garages with generators or power tools.

The CO poisoning death rate was highest among people over 65 and likely attributed to their being at higher risk for undetected CO exposure. Symptoms of CO exposure often resemble those associated with other health conditions that are common among the elderly and they may not seek prompt medical attention for undetected CO exposures.

The most common symptoms of CO exposure are nausea, headache and dizziness and they can be easily mistaken for other conditions such as a viral illness. The more severe symptoms including loss of consciousness, shortness of breath and loss of muscle control are often not reported. The study concludes with a call for public education to prevention CO exposure.

### Strategies to Prevent Carbon Monoxide Exposure:

- Have your heating system, water heater, and any other gas-, oil-, or

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coal-burning appliances serviced by a qualified technician every year.

- Install a battery-operated CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall.
- If your CO detector sounds, evacuate your home immediately and telephone 911.
- Seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseated.
- Do not use a generator, charcoal grill, camp stove, or other gasoline- or charcoal-burning device inside your home, basement, or garage or near a window.
- Do not run a car or truck inside a garage attached to your house, even if you leave the door open.
- Do not burn anything in a stove or fireplace that is not vented.
- Do not heat your house with a gas oven.

The study appears in the Jan. 21 *Morbidity and Mortality Weekly Report*.

For more information about carbon monoxide poisoning and prevention visit [www.cdc.gov/nceh/airpollution/carbonmonoxide/guidelines.htm](http://www.cdc.gov/nceh/airpollution/carbonmonoxide/guidelines.htm)

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The Journal of the American Medical Association

Vol. 279 No. 9, March 4, 1998

Brief Report

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JAMA

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## Deaths From Unintentional Carbon Monoxide Poisoning and Potential for Prevention With Carbon Monoxide Detectors

Steven S. Yoon, ScD, MPH; Steven C. Macdonald, PhD, MPH; R. Gibson Parrish, MD

JAMA. 1998;279:685-687.

### ABSTRACT

**Context.**— Unintentional carbon monoxide (CO) poisoning causes approximately 2100 deaths in the United States per year, but the use of CO detectors could potentially prevent many of these deaths.

**Objective.**— To describe the epidemiology of potentially preventable unintentional CO poisoning deaths in New Mexico.

**Design.**— Descriptive analysis.

**Population Studied.**— A total of 136 deaths from CO poisoning investigated by the New Mexico the Medical Investigator, 1980 through 1995.

**Main Outcome Measures.**— Characteristics of deaths from CO poisoning; estimates of the number of deaths potentially preventable with CO detectors.

**Results.**— Of 136 people whose deaths were classified as "unintentional carbon monoxide poisoning," 49 (36%) most likely were asleep when poisoned. Thirty-nine (49%) of 80 people whose deaths were identified as "residential fatalities" most likely were asleep vs 10 (18%) of 56 of the deaths were identified as occurring in or around motor vehicles. A blood-alcohol level greater than 0.08% was present in 56 (42%) of the decedents. Among decedents who had a negative blood-alcohol level in residences and 26 in vehicles), an electronic audible CO detector may have prevented CO poisoning; whereas, among those who had a negative blood-alcohol level and most likely were awake at the time of CO exposure (28 in residences and 23 in vehicles), an electronic detector or a nonaudible, chemical reagent type detector may have prevented CO poisoning.

**Conclusion.**— Differences exist between deaths due to unintentional CO poisoning that occur in residences and those that occur in or around motor vehicles. Carbon monoxide detectors, whether electronic or chemical reagent types, may have prevented approximately half of these deaths. The proportion of decedents with alcohol in their blood indicates that effective public health campaigns should address the role of alcohol in CO poisoning deaths.

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time of the CO poisoning. For deaths that occurred in motor vehicles, a phrase such as "decendent the sleeping bag" was taken as an indication that the decedent was most likely asleep at the time of death. We examined but did not analyze time of injury (poisoning) because only 9 deaths had time of injury (poisoning) listed.

We stratified data on the basis of whether the decedent was under the influence of alcohol. The factor for the stratification was that those under the influence of alcohol may not have been able to react properly even if a CO detector had been in use. "Type-of-death" codes, either alcohol present, alcohol not present, or not tested for alcohol, were used to ascertain whether alcohol was present in the blood. Although the blood-alcohol level used as the cutoff, 0.01%, is less than the level usually identifying intoxication, we decided to use that value to be more conservative in our estimates. Those with a type-of-death code "alcohol present" were assumed to be under the influence of alcohol at the time of death. Additional analysis was done on a separate toxicology database containing the actual blood-alcohol level to confirm the appropriateness of using the 0.01% cutoff.

We analyzed data using dBaseIV (Borland Corporation, Scotts Valley, Calif) and EpiInfo (Centers for Disease Control and Prevention, Atlanta, Ga) software. We performed analyses of frequencies and bivariate cross tabulations and calculated confidence intervals (CIs) to show the precision of point estimates.

We assumed that CO detectors were not in use at the time of the deaths since this information was not available in the database. We estimated the number of deaths that potentially could have been prevented if either chemical reagent or electronic CO detectors had been correctly used. We assumed that (1) if a person was awake and actively monitoring the detector during the time of poisoning, a chemical CO detector might have alerted the individual to the presence of CO and therefore could have prevented the poisoning; and (2) if a person was asleep during the time of poisoning, an electronic CO detector with an audible warning might have awakened the sleeping individual and, thus, prevented the poisoning.

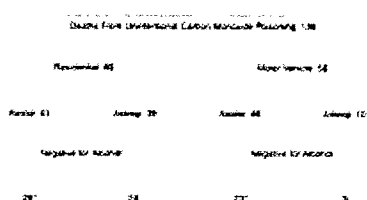
## Results

Between 1980 and 1995, 695 deaths (0.98% of all deaths) in New Mexico were investigated by OMI were the result of CO poisoning (as identified by cause-of-death code C12). Of these deaths, 136 (19.6%) were coded as unintentional inhalation (Figure 1). Of the 136 decedents whose deaths were coded as unintentional inhalation, 36 (26%) were female and 100 (74%) were male. The median age was 39 years (range, <1-87 years) (Table 1). The 56 people who died of CO poisoning in or around motor vehicles had a median age of 32 years, whereas the 80 people who died at a residence had a median age of 41 years. The 80 deaths listed as occurring at a residence included 2 people who died at a motel and 4 who died in tents.

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**136 TOTAL DEATHS**      **56 OR 41% MOTOR VEHICLE INVOL.**  
**80 OR 59% RESIDENTIAL**



[View larger version \(15K\):](#)

**2.5% HOTELS**

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August 6, 2007

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## **Florida Travels Beware: Carbon Monoxide Risk Present At Hotels**

A new study reported in the American Journal of Preventive Medicine suggests that carbon monoxide poisonings at hotels and motels are not decreasing, although they are not a common malady for travelers. Researchers of the study found 68 cases of carbon monoxide poisoning at resorts, motels, and hotels across the country between 1989 and 2004.

The research indicated that 27 people died of these poisonings, and a further 772 people became ill as a result of the carbon monoxide. Researchers say that the odds of any one person becoming ill from carbon monoxide while traveling are quite low. However, Dr. Lindell Weaver of LDS Hospital in Salt Lake City, Utah, who headed the study, points out that carbon monoxide poisonings are not decreasing in number and are fatal and serious when they do occur.

Carbon monoxide is an odorless and colorless gas that is produced by heating systems, cars, gas ranges, and other appliances. In hotels, carbon monoxide can build up if a fuel burning appliance, furnace, water heater, or other item is not properly vented or is important condition. In some cases, defective products can lead to excessive carbon monoxide emissions.

Sufferers of carbon monoxide poisoning may experience nausea, chest pain, confusion, and dizziness. If victims do not leave the area where excessive carbon monoxide is present, the gas will prove fatal. The problem with hotels, according to researchers of the study, is that many people sleep in their hotel rooms. If the gas is present in their room, the carbon monoxide may become fatal before the travelers have a chance to wake.

Federal law and the United States stipulates that resorts, hotels, and motels must have smoke detectors in every guest room. However, there are no national laws about the presence of carbon monoxide detectors. Some states require hotels, motels, and resorts to have carbon monoxide alarms somewhere on the premises of the property. However, none of the states require a carbon monoxide detector in each guest room.

Researchers however, point out to that carbon monoxide detectors only cost about \$25 per unit. Therefore, the researchers argue that having carbon monoxide detectors which can prevent fatalities makes a great deal of sense. Despite this, the researchers from the study reported that of the 43 hotels, motels, and resorts they were able to contact which had experienced a carbon monoxide poisoning incident, only 12% had installed carbon monoxide detectors since experiencing a fatality or injury on site.



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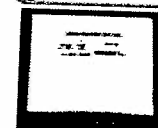


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Eleven states require CO monitors in homes. Only seven of those states also require them in hotels. After five La Quinta guests suffered carbon monoxide poisoning near Denver in 2001, the hotel chain began installing carbon monoxide detectors on some of its properties.



***Marriott requires them at all its hotels. Hilton and Holiday Inn did not respond.***

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Mr. Bill Ninivaggi, Area Manager for Marriott International and General Manager for the Detroit Marriott at the Renaissance Center indicates this is not an accurate statement. Per his email received last night.

*Steve*

***Marriott only requires Carbon Monoxide detectors in rooms that have active gas fireplaces and any room that would require gas for stoves or heating.***

***Bill***

----- Original Message -----

From: Steve Yencich <[SteveY@michiganhotels.org](mailto:SteveY@michiganhotels.org)>

To: CY, Detroit Novi MI GM; Ninivaggi, Bill; Pierce, Bob

Sent: Mon Oct 22 20:55:00 2007

Subject: Re: Carbon Monoxide detectors - Is the last line true?

From a news report: Does Marriott corporate require this? I need to know before 10:00 as hearing is at 10:30

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